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CONFIRMATION NO. 5502

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## APPLICANTS

Mathias Stecker, Soelden, GERMANY;  
Ernst Ludwig Von Wallenberg, Muelheim, GERMANY;  
Norbet Dillier, Zurich, SWITZERLAND;  
Wai Kong Lai, Zurich, SWITZERLAND;  
Jochen Nicolai, Basel, SWITZERLAND;  
Roland Laszig, Umkirch, GERMANY;  
Joachim Mueller-Delle, Kiel, GERMANY;  
Denise Cafarelli-Dees, Hants, UNITED KINGDOM;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/AU00/01019 08/28/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

AUSTRALIA PQ 2499 08/27/1999

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/14/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

22506

## TITLE

OPTIMIZING COCHLEAR IMPLANT ELECTRODE SELECTION

<b>FILING FEE RECEIVED</b> 1040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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